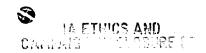
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

2010 MAY 1 1 AM 9: 40

COMMITTEE NAME (Must be same as on Statement of Organiz	zation)		
IMPORTANT: Indicate by # type of committee you are reporting for: [1] (1) Statewide/Legislative/Judge Standing for Retention Candidate (2)S (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Boat 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	State PAC (3) State Party	(Re	ORM OR-2 DISCLOSURE REPORT OFfice Use Only Im. #
Candidate Name MAX WORTHINGTON	Political Party (if applicable)	Scar	nnedputer
Office Sought CKVISUR	District (if Senate or House)	Audi	ted
Late reports are subject to possible civil and criminal penalties. Pursus May Wolkington SIGNATURE OF PERSON FILING REPORT		•	401(3), the candidate, for a
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
(report date)	_ REPORT FOR (1) ELECTION /(2 Indicate by #		ECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	Loc	al Commi	tees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of Di (You must continue to file reports until a DR-3 is filed.)	100	Inty & Loc ch Election	al Committees, enter County in is held.
			
STATEMENT OF CASH ON HAND		زلي	
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first in the cash of the last reporting period or must be zero if this is first in the cash of the last reporting period or must be zero.	h on hand at the end	\$	0
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast	h on hand at the end	\$	0
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first to	h on hand at the end report filed.)		0
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first that and total money taken in this period	h on hand at the end report filed.) Ä) (*also see in-kind below)	•••••	0
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first a ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule	h on hand at the end report filed.) Å) (*also see in-kind below)		0
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first a ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule F).	h on hand at the end report filed.) Ä) (*also see in-kind below)		<u>O</u>
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FOR INSTRUCTIONS, SEE BACK OF FORM	[
	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN KIND CONTRIBUTIONS
MAX WORTHINGTON FOR SUPERISOR		
		THIS BOX IF

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
3/11/10	SELF MAX WORTHHOTON	SELF	PAYMENT OF YORD LIANS CARTER PAININ	\$ 475,95	
3/19/10	MAX WORTHHOTON SELF MORTHINGTON MAX WORTHINGTON	S15 LF	BROWN RCZ	He, lot	
5/1/10	MAX WORTHINGTON	SELF	BOOK PLES CARTERPY, d.	69.96	
SUB-TOTAL TOTAL (if last page of this				\$ \$	
			schedule)	142 55	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____



INVOICE NO.

INVOICE DATE: 3-/1-10

SALES TAX

FREIGHT

INVOICE TOTAL

34.20

71.75

675.95

CUST. P.O. NO.

1739 East Grand Avenue Des Moines, Iowa 50316

(515) 265-6139 • Fax (515) 265-5170

MAX WORTHINGTON

JOB#	QUANTITY	DESCRIPTION	PRICE	AMOUNT
7763	250	YARA SIGNS		570.00
		pd 3-11-10 cx# 10541		
	Thank u	ou for your business!	SALE AMOUNT	570.00
•	The state of the s		CALFOTAV	34.20

SERVICE CHARGE 11/2% PER MONTH PAST 30 DAYS.



INVOICE NO.

INVOICE DATE:

SALES TAX FREIGHT

INVOICE TOTAL

3-19-10

CUST. P.O. NO.

1739 East Grand Avenue Des Moines, Iowa 50316

(515) 265-6139 • Fax (515) 265-5170

Max Worthurgton

JOB //	QUANTITY	DESCRIPTION	PRICE	AMOUNT
	ZSO	Brechwes		4400
		Paid + 10546		
,		CIZ	,	
	Thank u	ou lor your business!	SALE AMOUNT	4400

SERVICE CHARGE 11/2% PER MONTH PAST 30 DAYS.



INVOICE NO.

INVOICE DATE: 5-11-10

3.96

69.96

SALES TAX FREIGHT

INVOICE TOTAL

CUST. P.O. NO.

1739 East Grand Avenue Des Moines, Iowa 50316

(515) 265-6139 • Fax (515) 265-5170

MAX Worthington

JOB #	QUANTITY		DESCRIPTION	PRICE	AMOUNT
7921	500	Brochines	11-10		Cle -
			paid the Mb		
	Thank y	ou for you	r business!	SALE AMOUNT	66-

SERVICE CHARGE 11/2% PER MONTH PAST 30 DAYS.